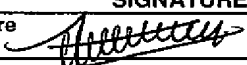


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Substitute for form PTO/SB/81		Complete if Known											
POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/578,256										
		Filing or 371 Date	May 4, 2006										
		First Named Inventor	Dominique Gilles										
		Art Unit	3723										
		Examiner Name	Eileen P. Morgan										
		Docket Number	GILLES2										
I hereby revoke all previous powers of attorney given in the above-identified application.													
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: OR <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:													
		Customer Number: 82029											
<table border="1"> <tr> <th>Practitioner(s) Name</th> <th>Registration Number</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Practitioner(s) Name	Registration Number										
Practitioner(s) Name	Registration Number												
Please recognize or change the correspondence address for the above-identified application to:													
<input checked="" type="checkbox"/> The address associated with Customer Number. OR <input type="checkbox"/> The address associated with the above-mentioned Customer Number. OR <input type="checkbox"/> Firm or Individual Name													
<table border="1"> <tr><td>Address</td><td> </td></tr> <tr><td>City, State, Zip</td><td> </td></tr> <tr><td>Country</td><td> </td></tr> <tr><td>Telephone</td><td> </td></tr> <tr><td>Email</td><td> </td></tr> </table>		Address		City, State, Zip		Country		Telephone		Email			
Address													
City, State, Zip													
Country													
Telephone													
Email													
I am the:													
<input checked="" type="checkbox"/> Applicant/Inventor. OR <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.													
SIGNATURE of Applicant or Assignee of Record													
Applicant Signature 		Date JUNE 7 2009											
Name Dominique GILLES		Telephone + 32 16 61 8585											
Title and Company CEO CIBO N.V.													
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.													
<input checked="" type="checkbox"/> *Total of one (1) forms are submitted.													

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.